SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 2nd AMENDMENT **AS FILED** 1st AMENDMENT IND. DEP. IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. ı t TOTAL IND. **—**1 TOTAL IND. TOTAL DEP. TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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